



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone #978-692-5509 Fax #978-399-2558

**APPLICATION FOR LICENSE TO MAINTAIN AND OPERATE
FAMILY CAMP GROUNDS & OVERNIGHT CABINS
FEE - \$100.00**

Application is hereby made for a license to operate a Camping Ground, and/or Overnight Cabins as covered by Chapter 140 of the General Laws, as amended by the Acts of 1956 and/or later amendments.

Name of Establishment_____

Address_____

Owner's/Director's Name_____

Owner's/Director's Address_____

Phone #_____ Fax #_____

Manager's Name_____

Manager's Address_____ Phone #_____

Type of Camp: Camp Ground Overnight Cabins

Maximum Capacity:_____

Duration of Season:_____

Source of Water Supply:_____

Source of Sewage Disposal:_____

Method of Garbage Disposal:_____

_____ I have received a copy of the regulations governing the operation of overnight camps,
and/or cabins.

Social Sec #/Federal ID #

Signature of Applicant

Date